



## CERTIFICATE OF STRESSING

PERMIT # \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOT/BLOCK: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

Name of company doing stressing: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

We hereby certify that tension was applied to all tendons in accordance with engineered specifications on the project address listed above.

Stressing company representative signature: \_\_\_\_\_

Title: \_\_\_\_\_

Developer representative signature: \_\_\_\_\_

Title: \_\_\_\_\_